

THE MORE IMPORTANT FORMS USED IN THE LABORATORY SERVICE, A. E. F.

BACTERIOLOGIC RECORD Ward _____ Bed _____
 Under-score terms which apply

Name _____ Age _____ No. _____
 Rank _____ Organization _____
 Date & hour of injury _____ A.M. - P.M. _____
 Date & hour of admission _____ A.M. - P.M. _____
 Date & hour of _____ Op. _____ A.M. - P.M. _____
 Date of primary discharge _____ Improved - Cured - Died _____
 From Exc. Hosp. No. _____ Mobile Hosp. No. _____ Base Hosp. No. _____
 To Base Hosp. No. _____ Date of secondary discharge _____ Improved - Cured - Died _____
 Op. Surgeon _____

RADIOLOGIST _____

Surgical Diagnosis _____

No. of Wounds _____

Summary of Treatment

GENERAL - resuscitation Yes - No _____
 Intusion - Yes - No. Character _____ Amp _____
 Transfusion - Yes - No. Character _____ Amp _____
 Serum Treatment - Type _____ Amp _____
 Results _____ Serum Sick 0-1-2-3 _____

LOCAL - Operative

Debridement - Partial - Complete _____
 Foreign body removed Yes - No - ? Number _____
 Primary closure Yes - No - Drainage Yes - No. _____
 Amputation - Yes - No - In degree of injury - In relation to _____ Simple Gas Bag _____
 Delayed primary closure - Yes - No _____
 Secondary closure - Yes - No _____
 Treatment of wound before closure - Aseptic - Antiseptic _____

BACTERIOLOGIC EXAMINATION

Name of hospital _____ Hospital at _____

Summary of Bacteriologic findings

MATERIAL FOR EXAMINATION. Debridement _____
 Primary Suture _____
 Delayed Primary _____
 Secondary Suture _____

Character of Exudate _____
 Tissue _____
 Foreign Bodies - Missile _____ Wood - Cloth - Bone _____

MICROSCOPIC EXAMINATION

CULTURAL EXAMINATION

Aerobic - Media & Method _____

Results

Anaerobic - Media & Method _____

Results

IDENTIFICATION OF STRAINS (complete & incomplete -)

Streptococcus Hemolytic Yes - No + - _____
 Nonhemolytic Yes - No + - _____
 Other Aerobes - Yes - No - Name + - _____
 Anaerobes - Yes - No - Name + - _____

BACTERIOLOGIC NOTES Form No. 4

Serum Treatment

Histologic Examinations

RESULTS OF

PRIMARY CLOSURE - hours after injury _____ Success _____ Failure _____
 Cause of Failure _____ Partial Failure _____

DELAYED PRIMARY CLOSURE - date _____ Success _____ Failure _____
 Cause of Failure _____ Partial Failure _____

SECONDARY CLOSURE Date _____ Success _____ Failure _____
 Cause of Failure _____ Partial Failure _____

CLINICAL DATA

When feasible secure the following additional information

Local Lesions

LOCATION OF W.D. _____ Size (1-3) _____
 DESCRIPTION OF W.D. - deep - superficial - incised - penetrating - perforating _____
 Degree of contusion - 0-1-2-3 Signs of laceration 0-1-2-3 _____
 MISSILE - Bullet - Shrapnel - Ball - Shell fragment - Hand Grenade - Bayonet - Knife _____
 FOREIGN BODIES in W.D. - Yes - No Retained Yes - No - ? _____
 LOCAL SIGNS OF INFECTION - Simple 0-1-2-3 - Gas Bacilli 0-1-2-3 _____

Associated Lesions

BONE - FRACTURE OF _____ Details penetrated Yes - No _____ Bone comminuted Yes - No _____

JOINT _____ penetrated by missile Yes - No _____
 Extension of fracture into joint Yes - No _____

VESSEL - Contusion or Section of _____
 Degree of impairment of local circulation 0-1-2-3 _____

BODY CAVITY _____ penetrated - perforated _____

VISCERA Involved _____

OTHER COMPLICATIONS _____

General - PHYSICAL DEVELOPMENT (1-4) STATE OF NUTRITION (1-4)

EVIDENCES OF STAGNANT LYMPHATIC 0-1-2-3 _____
 GENERAL CONDITION on Admission - good - fair - poor. _____
 DEGREE OF SHOCK on admission - 0-1-2-3 _____
 HISTORY OF HEMORRHAGE - 0-1-2-3 VISIBLE BLEEDING 0-1-2-3 _____
 DEGREE OF ANAEMIA 0-1-2-3 CYANOSIS 0-1-2-3 _____
 DEGREE OF EXPOSURE 0-1-2-3 to wet - to cold, _____
 TEMPERATURE on Admission _____ After Resuscitation _____
 PULSE on admission - Rate _____ quality _____
 RESPIRATION on admission - Rate _____ quality _____
 EVIDENCES OF GASSING 0-1-2-3 Type _____

Autopsy - ANATOMICAL DIAGNOSIS

MICROBIC CURVE CHART Ward _____ Bed _____

Month	Day	Type of bacteria in wound	Type of bacteria in cultures	Average No. of Bacteria in Ten Microscopic Fields	TREATMENT	RESULTS	ACCIDENTS
				00			
				40			
				20			
				10			
				5			
				1			
				1 to 2 fields			
				1 to 5 fields			
				1 to 10 fields			

Signs and Abbreviations

Signs for entering types of Bacteria in chart.
 Streptococcus
 Staphylococcus
 Gram - bacillus ☒
 Gram - bacillus ☐
 Spore bearing bacilli ☐
 For Anaerobic Bac. add AA to Sign.

ABBREVIATIONS TO DENOTE DEGREE

0 = absent.
 1 = slight or poor.
 2 = moderate or fair.
 3 = marked or good.
 Other Abbreviations = use those employed in clinical records.

Instructions. - This form is to be filled out in duplicate by bacteriologist. If necessary, fill out one duplicate set for each wound examined but omit repetitions. The original to be retained in laboratory - the copy to be kept with clinical record. The copy is to be sent to laboratory with specimens and when the proper entries have been made is to be returned to the ward on day of receipt of same. The original record when completed is to be sent to the Director of Laboratories, A. E. F. with the monthly statistical report.

Definition of terms used in Microbic curve chart.

TREATMENT. - If antiseptics are used in treatment of open wounds state nature of antiseptic and mode of application. Record under proper date final operations and intermediate operations undertaken to remove sequester, foreign bodies, etc. - **RESULTS** - Applies to results of wound closures. - **ACCIDENTS.** - Unusual occurrences to be recorded under proper date. - **IDENTIFICATION OF STRAINS.** - When feasible chain-forming cocci and organisms responsible for failures following wound closures should be identified or sent to the Central Medical Department Laboratory for identification. Approximate identification of organisms responsible for gas gangrene should be attempted and such strains should be sent to the Central Medical Department Laboratory for identification, particularly in cases in which curative or prophylactic sera proved valueless.

Remarks.

MONTHLY STATISTICAL REPORT

SECTION OF WOUND BACTERIOLOGY

Name of Hospital (code No.)..... Report covering period From 19 to 19

This form is designed for the use of a general surgical hospital. For head, chest and abdominal wound centers special forms will be issued. It is to be filled out in triplicate by the Wound Bacteriologist or his Statistical assistant. One copy is to be retained as the permanent record of the hospital organization from which the report is issued, the other copies are to be sent to the Director of Laboratories, A. E. F. and to the Director of the Surgical Service, A. E. F. respectively before the 15th of each month. In compiling this report all cases entering the Hospital during the preceding month should be included. Results of wound closures made during month covered by this report and known before the 10th of the following month should be included in this report. Other statistical evidence will be compiled from individual case reports and submitted to those concerned if information of practical value is revealed.

	No.	%		No.	%		No.	%
1. Total number of Wounded			19. Secondary sutures based on cultural bacteriologic exams.			35. Wounds in which anaerobes and haemolytic streptococci were found in cases showing no evidences of gas bacillus infection.		
a. Single		%	a. Failures			36. Wounds in which gas gangrene followed when both haemolytic streptococci and anaerobes were present.		
b. Multiple		%	20. Secondary sutures made without previous bacteriologic exams.			37. Wounds in which anaerobes and haemolytic streptococci were found in cases showing a gas bacillus infection at time first examination was made.		
2. Total number of Wounds			a. Failures.			38. Wounds in which gas gangrene existed or followed in the absence of haemolytic streptococci.		
3. Average time of arrival after injury in hours.		%	21. Average time elapsing between incurrence of injury and primary suture.			39. Blood cultures in cases of gas gangrene		
4. Wounds treated Surgically (Debridement).		%	22. Average time elapsing between incurrence of injury and delayed primary suture			a. Single exams		
5. Wounds Sutured.			a. Aseptic treatment			b. Multiple exams		
a. Old Wounds		%	b. Antiseptic treatment			40. Cases in which anaerobes were isolated from blood		
b. Old Wounds from previous months		%	23. Average time elapsing between incurrence of injury and secondary suture			a. In first examinations.		
6. Unsutured Wounds.			a. Aseptic treatment			b. After two or more examinations		
a. New Wounds		%	b. Antiseptic treatment			41. Number of cases of gas gangrene.		
b. Old Wounds from previous months		%	24. Total number of Wounds examined culturally.			42. Number of cases of gas gangrene in which B. Welchii was the only anaerobe found		
7. Wounds evacuated before suture was attempted			a. Aerobic cultivations			a. Completely identified		
8. Unsutured Wounds disposed of because of death of cases.			b. Anaerobic cultivations.			b. Partially identified		
9. Amputations			c. Aerobic and anaerobic cultivations			43. Number of cases of gas gangrene in which Vibrio septique was the only anaerobe found		
a. No. due to severity of injury		%	25. Wounds in which Streptococci were found			a. Completely identified		
b. No. due to simple infection.		%	a. Microscopically.		%	b. Partially identified		
c. No. due to gas gangrene		%	b. Culturally.		%	44. Number of cases of gas gangrene in which B. oedematis was the only anaerobe found		
10. Primary Sutures		%	26. Wounds in which haemolytic Streptococci were found (Percentage based on number of chainforming cocci tested).		%	a. Completely identified		
a. Successes		%	27. Wounds in which nonhaemolytic chainforming cocci were found (Percentage based on No. of chainforming cocci tested).		%	b. Partially identified		
b. Partial failures		%	28. Blood cultures in cases of simple infection		%	45. Number of cases of gas gangrene in which B. sporogenes was the only anaerobe found.		
c. Failures		%	29. Number of cases of Streptococcemia.		%	a. Completely identified		
11. Primary Suture wounds reopened because of bacteriologic findings.		%	30. Wounds in which anaerobes were found		%	b. Partially identified		
12. Primary Suture wounds reopened because of Clinical findings (in which bacteriologic findings were superfluous or misleading)		%	a. Microscopically.		%	a. Completely identified		
13. Delayed Primary Sutures.		%	b. Culturally.		%	b. Partially identified		
a. Successes		%	31. Wounds contaminated with anaerobes but pursuing a favorable course (at no time showing evidences of gas bac. infect.)		%	46. Number of cases of gas gangrene in which single species of anaerobes other than the above were found.		
b. Partial failures		%	32. Wounds contaminated with anaerobes in which gas bacillus infection developed		%	47. Number in which mixtures of		were found.
c. Failures		%	33. Wounds in which gas bacillus infection was evident before bacteriologic examinations were undertaken.		%	48. Number in which mixtures of		were found.
14. Delayed Primary Sutures based on microscopic bacteriologic exams.		%	34. Wounds in which the discovery of anaerobes determined the course of treatment		%	49. Number in which mixtures of		were found.
a. Failures		%				50. Number of cases of tetanus. (For each case a special report will be filled out.)		
15. Delayed Primary Sutures based on cultural bacteriologic exams		%				51. Number of cases of tetanus associated with gas gangrene.		
a. Failures		%						
b. Partial failures		%						
c. Failures		%						
16. Delayed Primary Sutures made without previous bacteriologic exams		%						
a. Failures		%						
17. Secondary Sutures.		%						
a. Successes		%						
b. Partial failures		%						
c. Failures		%						
18. Secondary sutures based on microscopic bacteriologic exams.		%						
a. Failures.		%						

52. **BACTERIA RESPONSIBLE FOR FAILURES FOLLOWING WOUND CLOSURES** (Fill in names of organisms held responsible for failures)

64. Primary Sutures												53. WOUNDS OF SOFT PARTS												56. Secondary Sutures											
55. Delayed Primary Sutures												54. Delayed Primary Sutures												57. WOUNDS OF BONE											
58. Primary Sutures												59. Delayed Primary Sutures												60. Secondary Sutures											
61. WOUNDS OF JOINTS												63. Delayed Primary Sutures												64. Secondary Sutures											
62. Primary Sutures												65. Delayed Primary Sutures												66. Secondary Sutures											

ABBREVIATIONS. — S = Successful closure. — P F = Partial failure - Partial reopening of wound necessary to control infection. — F = Failure - Complete reopening of wound necessary to combat infection. — D = Died. — St = Streptococcus. — A A = Anaerobic bacteria.

Chief Wound Bacteriologist.

REMARKS.

DISPOSITION OF THE CARD. — This card must accompany patient, and should be placed in envelope with Field Medical Card. After the completion of the case (recovery or death) this card and all other laboratory records should be sent to the Director of Laboratories, A. E. F., A. P. O. 721.

SURGEON OPERATING, FILL IN FOLLOWING DATA. CHECKING TERMS THAT APPLY

Field	} Hosp. No. _____	Walking	} Case
Mobile		Stretcher	
Evac.		Resuscitation	
Base			

DATE AND HOUR OF ADMISSION _____ A. M.

DATE AND HOUR OF INITIAL OPERATION _____ P. M.

Local Signs of infection

Simple, 0 - 1 - 2 - 3

Gas bacillus, 0 - 1 - 2 - 3

Nature of Initial Operation

Debridement	Partial	Primary closure	{ Yes No
	Complete		

Foreign Body

Present	Yes	Removed	{ Yes No
	No		

Amputation	{ Yes No	for	{ degree of injury infection	Simple Gas bacillus

Diagnosis of Operating Surgeon.

Date of Evacuation following initial operation _____

Subsequent gas bacillus infection { Yes
No

Degree, 1 - 2 - 3

Recovery.
Death.
Autopsy.**SPECIAL "GAS-GANGRENE" CARD**

Combined Tetanus and Welch Bacillus Antitoxin

OFFICER ADMINISTERING SERUM

fill in following data.

Field Hospital No. _____

Dressing Station No. _____

Name _____
(Block letters)

Rank _____ No. _____

Regiment or Staff Corps _____

Combined tetanus and Welch bacillus antitoxin administered on _____ 191

at _____ A. M. _____ P. M. _____ hours

after injury.

_____ U. S. Army.

Form No. 9.

**LABORATORY OFFICER
FILL IN FOLLOWING DATA.**

Names of anaerobes identified _____

Unidentified anaerobes { Present
AbsentStreptococcus haemolyticus { Present
Absent**INSTRUCTIONS TO ATTENDING SURGEONS.**

Notify bacteriologist in every case developing gas-gangrene or in which from the nature of the injury or the condition of the wound such an occurrence might reasonably be expected. Numerals 0 - 1 - 2 - 3 signify respectively absent, slight, moderate, marked.

INSTRUCTION TO BACTERIOLOGIST.

In those cases developing gas-gangrene the bacteriologist should be guided by instructions given in Memorandum No. 24, Div. Labor., "Prophylactic Serum Treatment against Gas-Gangrene".

REMARKS.

SPECIAL "GAS-GANGRENE" CARD
TETANUS ANTITOXIN ONLYOFFICER ADMINISTERING SERUM
fill in following data.

Field Hospital No. _____

Dressing Station No. _____

Name _____
(Block letters)

Rank _____ No. _____

Regiment or Staff Corps _____

Tetanus antitoxin administered

on _____ 191
at _____ A. M. _____ P. M. _____ hours
after injury._____
U. S. Army.
Form No. 9.SURGEON OPERATING, FILL IN FOLLOWING
DATA. CHECKING TERMS THAT APPLY

Field	} Case	Walking
Mobile		
Evac.		
Base		
		Hosp. No. _____ Stretcher _____
		Resuscitation _____

DATE AND HOUR OF ADMISSION _____ A. M. _____ P. M.

DATE AND HOUR OF INITIAL OPERATION _____ A. M. _____ P. M.

Local Signs of infection

Simple, 0 - 1 - 2 - 3

Gas bacillus, 0 - 1 - 2 - 3

Nature of Initial Operation

Debridement { Partial Complete } Primary closure { Yes No }

Foreign Body

Present { Yes No } Removed { Yes No }

Amputation { Yes No } for { degree of injury Simple infection Gas bacillus }

Diagnosis of Operating Surgeon.

_____Date of Evacuation following initial
operation _____

Subsequent gas bacillus infection { Yes No }

Degree, 1 - 2 - 3

Recovery.
Death.
Autopsy.LABORATORY OFFICER
FILL IN FOLLOWING DATA.

Names of anaerobes identified

Unidentified anaerobes	{ Present Absent }
Streptococcus haemolyticus	{ Present Absent }

INSTRUCTIONS TO ATTENDING
SURGEONS.

Notify bacteriologist in every case developing gas-gangrene or in which from the nature of the injury or the condition of the wound such an occurrence might reasonably be expected. Numerals 0 - 1 - 2 - 3 signify respectively absent, slight, moderate, marked.

INSTRUCTION TO BACTERIOLOGIST.

In those cases developing gas-gangrene the bacteriologist should be guided by instructions given in Memorandum No. 24, Div. Labor., "Prophylactic Serum Treatment against Gas-Gangrene".

DISPOSITION OF THE CARD. — This card must accompany patient, and should be placed in envelope with Field Medical Card. After the completion of the case (recovery or death) this card and all other laboratory records should be sent to the Director of Laboratories, A. E. F., A. P. O. 721.

Form No. 16.

GSW Card No.

Classification: Anatomic location of major wound

Group

Identification: Surname Christian

Rank Co Organization

Age Race Service

Aut. No. (CMDL) Aut No. (Orig.) Hosp

Pathologist

(1) No. of wounds:

Single.....	{	Penetrating.....
		Nonpenetrating.....
Multiple.....	{	Penetrating.....
		Nonpenetrating.....

(2) Location:

Major wound

.....

.....

.....

.....

Minor wounds

.....

.....

(3) Missile:

Shell fragment ..	{	Shrapnel.....
		High explosive.....
		Grenade.....
Rifle bullet	{	Shrapnel ball.....
		Machine gun.....
		Rifle.....

Side arms

(4) How received:

In action (I. A.)

Accidental (Acc.)

Self inflicted (S. I.)

Homicidal (H)

Judicial (J)

(5) Battle area:

(6) Date wounded

(7) Date of death

(8) Duration of life

(9) Wound to first operation

(10) First operation

.....

.....

(11) First operation to subsequent

.....

(12) Subsequent operations

.....

.....

(13) Clinical course

.....

.....

.....

.....

.....

(14) Bacteriology:

Wound—

Part ident.....

Compl. ident.....

Blood—

Part ident.....

Compl. ident.....

(15) Cause of death: (clinical diagnosis):

Principal cause

.....

.....

Contributory causes

.....

.....

(16) Hospitals through which patient passed:

.....

.....

(17) Location of major wound

.....

.....

.....

.....

(18) Groups:

Group A (gas gangrene).

Group B (other factors with gas
gangrene).

Group C (pyogenic sepsis).

Group D (tetanus).

Group E (miscellaneous).

Group F (GSW, no connection
with D).

(19) Primary immediate cause of death:

.....

.....

.....

.....

.....

.....

.....

.....

(20) Secondary lesions:

.....

.....

.....

.....

.....

.....

.....

(21) Historical landmarks:	(26) Bacteriology -----
-----	Wound—
-----	Part ident -----
-----	Compl. ident -----
(22) Principal bones injured -----	Blood—
-----	Part ident -----
-----	Compl. ident -----
(23) Large blood vessels injured -----	(27) Cause of death (anatomic diagnosis):
-----	Primary immediate cause of death --
-----	-----
-----	Secondary lesions -----
(24) Internal organs injured -----	-----
-----	Historical landmarks -----
-----	-----
(25) Nervous system injured -----	(28) Opinion of pathologist (as to diagnosis,
-----	and medical treatment,) -----
-----	-----
-----	-----